

L02000007744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

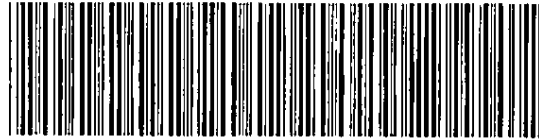
(Document Number)

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2023 APR 27 PM 4:16

FILED

COVER LETTER

Registration Section
Division of Corporations

RECEIVED: Innovative Fix LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.

Return all correspondence concerning this matter to the following:

Hugh Hurst
Name of Person
Innovative Fix LLC
Firm/Company
1300 Pine Prairie Road
Address
Sarasota Florida 321240
City/State and Zip Code
khurst@gmail.com
E-mail address: (to be used for future annual report notification)

Other information concerning this matter, please call:

Hugh Hurst at (813) 857 5921
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$0 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Innovative Fix LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 04/01/02 and assigned
file document number 102000007744.

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

pending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

AM = Manager

BR = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
AMBR <u>Jeff Feiler</u>	<u>22595 N Highway</u>	<input checked="" type="checkbox"/> Add
	<u>441 Micangy FL</u>	<input type="checkbox"/> Remove
	<u>32667</u>	<input type="checkbox"/> Change
AMBR <u>Ivette Petkovich</u>		<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
AMBR <u>Mindy Budzynski</u>		<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
AMBR <u>Moritz Barnhardt</u>		<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
AMBR <u>Dinesh Kumar Patel</u>		<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove

Amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AMBR Ketan Patel 22595 North Highway XADP
441 Micangy FL
32667

AMBR Jeannette Egozi SAME ADDRESS ADD

AMBR Hardik Patel same Address ADD

AMBR Roger Hennich same address Add

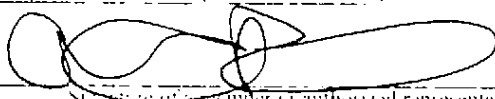
Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Dated 27 April 2023



Signature of a member or authorized representative of a member

Matt Bowman

Typed or printed name of signer